

below the diaphragm because involvement may remain occult with routine diagnostic procedures previously employed.

RONALD W. THOMPSON, M.D.

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Disseminated Multiple Pulmonary Calcifications Due to Coccidioidomycosis

Localized single (or a few) pulmonary calcifications following primary coccidioidomycosis occurs in up to 10 percent of the patients examined. However, multiple pulmonary calcifications following primary coccidioidomycosis have rarely been encountered. Two cases of multiple primary foci of pulmonary coccidioidomycosis simulating metastasis, showing progressive calcifications on serial roentgenograms were encountered. One patient was followed for 12 years and another for four years. The progress of calcifications within the multiple lesions from their inception to the end stages was studied and the calcifications did not become apparent until approximately two years after the initial infection. In one case there was progression of calcifications for ten years before they became static. The most common cause for disseminated small calcifications throughout the pulmonary parenchyma is histoplasmosis. Numerous disseminated small calcifications occurring following primary coccidioidomycosis is a rare exception rather than the rule.

E. NICHOLAS SARGENT, M.D.

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Pitfalls in Post-Herniorrhaphy Diagnosis of Gastric Lesions

With the older and simpler types of operation for esophagogastric hiatus hernia repair such as application of the hiatus or gastropexy, there was little cause for error in the interpretation of the postoperative stomach. Nevertheless, at least one case was reported where the patient went to surgery again with a greater curvature lesion stimulating a tumor, probably at the site of chronic pressure upon the area of the hiatus before herniorrhaphy.

Following the more sophisticated procedures of fundal plication of the Belsey and Nissen type, in which the fundus is actually sutured to envelop the esophagus, there is a greater potential for error with the production of deformities of the fundus which may simulate a neoplasm. Several cases have been observed in the postoperative period when this erroneous conclusion could have been drawn if the operative findings and procedure had not been known.

It is suggested that a gastrointestinal series in the recent postoperative period be done on all patients who have undergone hiatus herniorrhaphy, particularly the fundal plication types, to avoid future confusion of changes with that of a gastric neoplasm.

EDWARD R. DANA, M.D.

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Multiple Pulmonary Fibroleiomyomatous Hamartomas

Multiple pulmonary fibroleiomyomatous hamartomas of the lung are extremely rare and only eight cases have been reported. These cases are

of interest not only because of their infrequent occurrence, but also because they are an exception to the rule that benign tumors of the lung are nearly always solitary lesions. All patients are relatively asymptomatic women, between 38 and 58 years of age. The roentgenographic findings consist of multiple, well-circumscribed, non-calcified, rounded nodules in both lungs. These benign tumors which have been shown to slowly increase in size on serial roentgenograms can only be differentiated from metastatic malignant neoplasms by surgical resection of one of the nodules and histopathologic study.

E. NICHOLAS SARGENT, M.D.

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Hysterography in the Detection Of Hydatidiform Mole

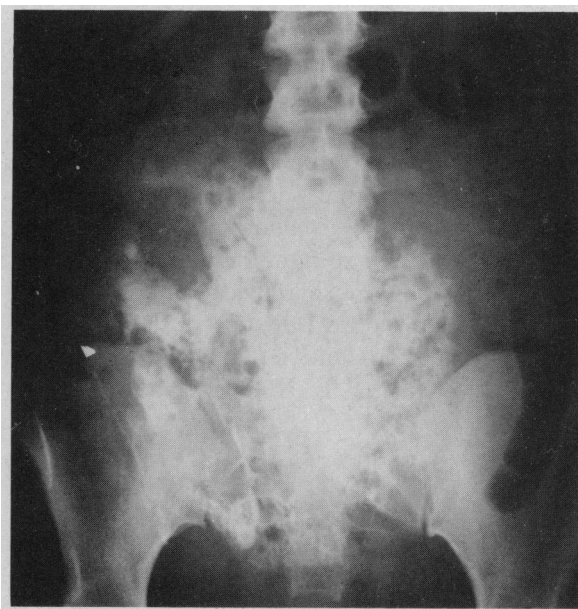
In the earlier periods of gestation, from approximately 12 to 14 weeks, the clinician is often faced with a diagnostic problem in the differential diagnosis of hydatidiform mole from incomplete or threatened abortion.

Often at this stage of gestation, the patient presents with vaginal bleeding but has not passed molar tissue and, on physical examination, the uterus may not be unduly enlarged.

High urinary gonadotropin levels at this stage of gestation may be seen in normal pregnancy.

The absence of roentgenographic visualization of a normal fetal skeleton is again within the range of normal at this early stage.

We feel that the best radiographic approach in making this differential diagnosis is by use of transabdominal hysterography. The hysteroqram will show the multiple grape-like structures which constitutes the mole as multiple filling defects, which lends an over-all "moth-eaten" or



"honeycomb" appearance (see film). The method described is virtually diagnostic and without serious hazard.

E. R. GREENBAUM, M.D.

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Superior Marginal Rib Defects

Although the diagnostic implications of inferior marginal rib defects or notching have been well documented, the occurrence of superior marginal rib defects or erosions has not received the attention it deserves. Superior marginal rib defects, which are related to abnormal bone remodeling resulting from an imbalance between osteoblastic and osteoclastic activity, have been demonstrated in a variety of conditions. Disturbances of osteoblastic activity (decreased bone formation) resulting in superior marginal rib erosions or defects, have been encountered in paralytic poliomyelitis, amyotonia congenita, collagen diseases, localized pressure for various reasons, osteogenesis imperfecta, Marfan's syndrome, and radiation damage. Disturbances of osteoclastic activity (increased bone resorption) in hyper-